

ALVAN L. BARACH, M.D.

OFFICE
1050 FIFTH AVENUE
NEW YORK, NEW YORK 10028
72 East 91st St.,
BUtterfield 8-4600

LUNG FUNCTION LABORATORY
72 EAST 91ST STREET
NEW YORK, NEW YORK 10028
ATWATER 9-2333

Dear Mr. Holtzman,

An outline of a research program on Etiological and Pathogenetic Factors in Chronic Bronchitis and Pulmonary Emphysema is contemplated by Alvan L. Barach, M.D., Consultant in Medicine Presbyterian Hospital New York (formerly Clin. Prof. Med. Columbia College of Physicians and Surgeons) and Maurice S. Segal, Clinical Prof. Medicine, Tufts Medical School, Director Lung Station, Boston City Hospital.

The basic concept of the cause of chronic bronchitis includes its origin as a consequence of (1) acute bronchitis of infectious origin (2) as an accompaniment of chronic broncho-pulmonary disease such as bronchiectasis, tuberculosis, dust diseases, and in association with the bronchitic type of pulmonary emphysema. (3) a follow-up of the common cold or upper respiratory infections in which sensitization or bacterial allergy results in an asthmatic type of bronchitis, sometimes called allergic bronchitis. It is the more common form of bronchitis, without suppurative disease, responsive to bronchodilators, and the most common form of the disease in people over 40 years of age.

In chronic bronchitis, the differential diagnosis between infectious and allergic pathogenesis is of importance from a therapeutic point of view.

Our fundamental approach to the understanding of pulmonary emphysema is to recognize, as Mitchell and others have emphasized clinically, that there are two main types, the pan-lobular type in which there is a primary destruction of the alveolar lobules and the absence of bronchitis. These patients in the pure form of the disease do not cough or raise sputum. The second main classification is the centri-lobular type in which bronchitis is present, with cough, sputum production and frequently wheezing or asthmatic symptoms.

In the bronchitic type of emphysema and in chronic bronchitis the inhalation of smoke of cigarettes, pipe or cigar provokes coughing in many instances but in neither instance is smoking itself the cause of bronchitis, except possibly in the very rare case of tobacco allergy, which I have not seen conclusively demonstrated. Furthermore, coughing itself, nature's method of cleaning the lungs, is not harmful except in the unusual instance of retarded return of blood from the right heart. Cigarette smoke, as well as other kinds of smoke and air pollutants, ^{in some cases} increase the production of mucus, and mucus stimulated in this way decreases or diminishes markedly on stopping exposure but the progress of pulmonary emphysema is not thereby stopped. The progression of the disease is

1005107376

ALVAN L. BARACH, M. D.

OFFICE
1050 FIFTH AVENUE
NEW YORK, NEW YORK 10028
BUTTERFIELD 8-4600

LUNG FUNCTION LABORATORY
72 EAST 91ST STREET
NEW YORK, NEW YORK 10028
ATWATER 9-2333

Is dependent upon factors that will be discussed in a later evaluation of the disease.

Experimental production of pathologic changes in the lungs of animals do not demonstrate that clinical emphysema is similarly induced.

In my experience about 15 % of the cases follow pneumonia, another 15 % occurs after long-standing asthma, and in 60 %, no known etiology has been demonstrated.

The most serious result of the current habit of attributing coughing to smoking is that the underlying disease goes on unrecognized for a considerably period of time. The senior author has seen coughing become temporarily less in lung cancer, cavitary tuberculosis, congestive heart failure, pulmonary emphysema but later the cough recurred with evidence of advanced and sometimes hopeless disease, resulting from the delay in seeking expert help from chronic cough.

This study will if possible attempt to show, or if case material cannot be tabulated, that this study will express the opinion upper respiratory or lower respiratory infection are the initial cause of bronchitis. Many smokers do not cough, some of them continue never to cough; some of them begin coughing after a sensitized state has been induced by the infection. Both the cough and the expectoration are markedly diminished by broncho-dilator medication. Smoking is not the cause of either bronchitis or pulmonary emphysema - this is the point of view that will be brought out by the studies contemplated.

The support for this research \$15,000.00 of which \$5000.00 will go to Dr. Segal as he sees fit; \$10,000.00 to Dr. Barach to include his professional services as Consultant, and this amount to include secretarial services. A report will be available including the preliminary conclusions described above, in March of 1967.

Sincerely yours,

Alvan L. Barach

Alvan L. Barach, M.D.

1005107377